

Message: RE: The Haven of Grace march invoice

✉ RE: The Haven of Grace march invoice

From Kraft, Emily **Date** Friday, March 3, 2017 1:47 PM
To 'Andrea Vent'
Cc

 **HOG Invoice Template.xlsx** (15 Kb HTML)

This template should have more space. Sorry about that.

From: Andrea Vent [<mailto:AVent@havenofgracestl.org>]
Sent: Friday, March 03, 2017 1:46 PM
To: Kraft, Emily
Subject: RE: The Haven of Grace march invoice

Sorry it doesn't give us enough room. I tried to adjust but couldn't find the lucky touch. Andrea

From: Kraft, Emily [<mailto:Emily.Kraft@oa.mo.gov>]
Sent: Friday, March 03, 2017 1:30 PM
To: Andrea Vent
Subject: RE: The Haven of Grace march invoice

Hi Andrea – You will need to enter an amount for the prior invoiced total (cell C19). This should be the invoice amount for February (which is the exact same amount as for March, so this month it's easy). If the template doesn't give enough room to show the amount, let me know and I will send you a modified template.

From: Andrea Vent [<mailto:AVent@havenofgracestl.org>]
Sent: Friday, March 03, 2017 1:25 PM
To: Kraft, Emily
Subject: The Haven of Grace march invoice

Emily, please let me know if I need to do anything else.

Andrea Vent

Executive Director

The Haven of Grace
www.havenofgracestl.org

Main: 314-621-6507
Cell: 314-920-7306

1225 Warren Street

St. Louis, MO 63106

mission

Serving women who are young, pregnant and homeless, we provide a safe, nurturing home, educational programs and long-term support for mother and child. Founded in faith, we instill hope, dignity and the pride of independence, one family at a time.

Invoice

	A	B	C	D	E	F	G	H	I	J	K	L	M
					<u>Alternatives</u>								
					<u>to Abortion</u>								
1					<u>Invoice</u>								
2													
3	Contract #	CS170042004					Vendor Name:	The Haven of Grace					
4	Vendor Number:	43161118100/MB00097920					Vendor Address:	1225 Warren					
5								St. Louis, MO					
6								63106					
7	Bill To:	Office											
8		of											
9		Administration											
10		Commissioner's											
11		Office											
12		201											
13		W.											
14		Capitol											
15		Ave,											
16		Room											
17		125											
18		Jefferson											
		City,											
		MO											
		65101											
	Invoice												
	Number:												
	Invoice Date:												
	Service												
	Period:												
	Total		Prior		Monthly								
	Contracted		Invoiced		Award								
	Allocation		Total		Amount								

19 \$ 132,545.40 \$ - \$ 26,509.08

20

Quarterly
expenditure \$ -

21 adjustment:

22

23 Total Due: \$ 26,509.08

24

Allocation \$

25 Remaining 106,036.32

26

27

28

29

30 Signature: _____

31

32

33

34

35